

# Vendor Reference and Business History Questionnaire

Please complete this questionnaire to assist in our vendor evaluation process. This form is designed to be printed and filled out.

## Section 1: Company Information

Legal Business Name:

Doing Business As (DBA) / Trade Name (if applicable):

Year Established:

Business Structure (e.g., Corporation, LLC, Partnership, Sole Proprietorship):

Tax Identification Number (TIN) / EIN:

Corporate Street Address:

City, State, Zip Code:

Company Website URL:

## Section 2: Business History & Operations

Core Products or Services Offered:

Total Number of Active Employees:

Has this company operated under any other names in the past five years? (Yes/No - if yes, list names):

Has the company, or any of its principals, ever filed for bankruptcy protection? (Yes/No - if yes, provide dates):

Are there any pending lawsuits or legal actions against your company? (Yes/No - if yes, explain briefly):

## Section 3: Professional & Client References

Provide contact information for three active business references who can vouch for your service quality and reliability.

### Reference 1

Client/Company Name:

Contact Person Name and Title:

Phone Number:

Email Address:

Nature of Relationship & Years Active:

## Reference 2

Client/Company Name:

Contact Person Name and Title:

Phone Number:

Email Address:

Nature of Relationship & Years Active:

## Reference 3

Client/Company Name:

Contact Person Name and Title:

Phone Number:

Email Address:

Nature of Relationship & Years Active:

## Section 4: Verification & Authorization

I hereby certify that the information provided in this questionnaire is true, accurate, and complete to the best of my knowledge.

Authorized Representative Name:

Title:

Date:

Signature (If printed):